

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK

In re Ellenville Community Hospital

[Set forth here all names including married, maiden, and trade
names used by debtor within last 8 years.]

Debtor

Case No. 99-12187 - REL

Chapter 7

Employer's Tax Identification No(s). [if any] 14-6030018

Last four digits of Social Security No(s): _____

RECEIVED & FILED

ORDER APPROVING PAYMENT OF UNCLAIMED FUNDS

FEB 22 2011

OFFICE OF THE BANKRUPTCY CLERK
ALBANY, NY

It is ordered that the application for payment of unclaimed funds in the amount of

\$75,774.80 is hereby approved and that pursuant to 28 U.S.C. 2042, the Bankruptcy

Clerk pay this unclaimed money to the order of:

U.S. Department of Health & Human Services
(Name of Creditor)

Centers for Medicare and Medicaid Services

26 Federal Plaza Room 3800
(Address of Creditor)

New York, New York 10278

(Address of Creditor)

(Address of Creditor)

520883104

(Tax Identification Number of Creditor)

BY THE COURT

At Albany, NY

DATE:

FEB 22 2011

HON. ROBERT E. LITTLEFIELD, JR.

Chief U.S. Bankruptcy Judge